

March 17, 2014

Re: Raised Bill No. 5326, "An Act Concerning Compassionate Aid in Dying for the Terminally Ill"

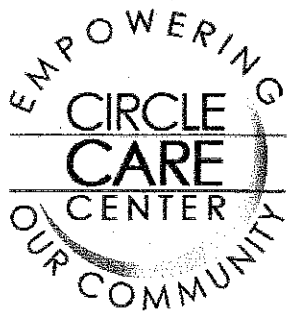
To the Chairs and members of the Public Health Committee, my name is Dr. Gary Blick, and I am Chief Medical Officer of the non-profit, World Health Clinicians, based in Norwalk. It is an honor to have the opportunity to testify before you today in support of raised bill 5326, "An Act Concerning Compassionate Aid in Dying for the Terminally Ill".

As an HIV/AIDS specialist and general internist who has witnessed the pain and suffering and been intimately involved in the dying and death of hundreds of patients over the past 27 years, and also as one who is a strong supporter of Hospice for terminally ill patients with less than 6-12 months to live, I support 5326, which seeks to give terminally ill, mentally competent individuals the freedom to choose, if it is right for them, self-administering healthcare provider-prescribed medications that can be taken to end their prolonged pain and suffering with peace, compassion and dignity. This bill is NOT for the disabled, the elderly, the infirm or anyone other than the terminally ill, mentally competent individual.

Having been intimately involved with hundreds of terminally ill patients and friends who have suffered and died from HIV/AIDS-related complications, slow tortuous wasting syndromes, or painful stage 4 metastatic cancers, I am here today to testify on their behalf, as well as on behalf of my 92 year old mother and all CT living patients who, if it is right for them when the time comes, express the desire to have a very reasonable and compassionate additional choice to consider when faced with terminal illness.

30 years ago, upon graduating from the University of Miami Medical School during the beginning of the HIV/AIDS epidemic, I took the Oath of Maimonides to "never see in the patient anything but a fellow creature in pain". I acknowledged, "Oh God, Thou has appointed me to watch over the life *and death* of thy creatures. Today (man) can discover his **errors of yesterday** and tomorrow he can obtain a new light on what he thinks himself sure of today." As I mentioned, I have always been and always will be a major supporter of hospice services and the benefits they bestow upon a terminally patient. Remembering that I took the oath to "watch over the death" of my patients, I was tormented that dozens of these deaths were horrific, agonizing, torturous, and, frankly, inhumane. After an enormous amount of soul-searching, I discovered over time that watching these patients die in this inhumane manner was one of my "errors of yesterday", and, as my spoken words from the Oath of Maimonides, tomorrow I "obtained a new light", a new perspective, a new point-of-view on "what (I) thought myself sure of" at that time. I discovered that for some terminally ill patients, their only chance to die with dignity, while retaining some control of their remaining lives and inevitable deaths, is "aid in dying", and their only opportunity to maintain dignity in dying remains in your hands today.

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A very important point to make is that Hospice Care and "Aid in Dying" are not at all mutually exclusive, as I reference the NEJM article "Implementing a Death with Dignity Program at a Comprehensive Cancer Center" dated April 11, 2013 and written by doctors from the Fred Hutchinson Cancer Research Center in Seattle WA. In short, terminally ill patients who participated in the Death with Dignity Program did so for three main reasons: 1) 97.2% for fear of losing their autonomy, 2) 88.9% because of their inability to engage in enjoyable activities anymore, and 3) 75.1% because of the loss of dignity. The article concluded that the Program was "well-accepted by patients and clinicians" as "patients and families were grateful [and comforted just] to receive the lethal prescription, whether it was used or not".

I strongly believe that we live in free nation, all of us with a God-given ability and right to make choices for ourselves, including the choice to decide how and when we want to die when there is no hope of survival, when we are faced with interminable pain during our remaining time on this planet, when faced with the possibility of being connected to a morphine drip that can render you incoherent, psychotic, and completely unaware of your surroundings or loved ones, while stripping you of your autonomy, of your ability to make rational decisions, and of your last remaining chance to leave this world in a dignified, compassionate and controlled manner. When considering bill 5326, I truly hope all of you can rely either on your own personal experiences of having watched a loved one die a prolonged, agonizing, and painful death or attempt to place yourself in the mind and body of one who is terminally ill and suffering in a such a manner. Even if you have never experienced this kind of horrific and unnecessary death of a loved one, 5326 gives your family, your friends, or your loved ones one additional end-of-life choice, the choice NOT to die an inhumane death.

I close with this thought: 5326 is not for everyone faced with a terminal illness. On the contrary, it is only for the few who, when faced with the prospect of a protracted, undignified, tormenting death, would rather choose to gather their family and friends around them for one last time and make a controlled, planned, compassionate, and dignified exit. 5326 merely grants another critically important choice to my and your terminally ill family, friends, and patients, and I pray you find it within yourselves the compassion to allow them the chance, the option to discuss using prescription medications as another legal and viable end-of-life treatment option. As evidenced by Connecticut's legalization of same sex marriage and of medical marijuana, Connecticut's legislators have always done the right thing with controversial and complex issues involving individual's rights. With your vote in favor of 5326, you will once again be a champion of individuals' rights and freedom of choice, while helping terminally ill, mentally competent patients avoid unnecessary and inhumane prolonged suffering if aid in dying is right for them.

Thank you. Respectfully submitted,

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